MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-010880

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 10 02 Registrar's No. 1826 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

FILED APR 16 1962

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3517 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ARTHUR Middle GARFIELD Last DAVIS

4. DATE OF DEATH: Month March Day 31 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 3-22-1880
9. AGE (last birthday): 82 years
IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal
11. BIRTHPLACE (City and state or country): Newman Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Davis
13b. MOTHER'S MAIDEN NAME: Jennie Knight
14. NAME OF HUSBAND OR WIFE: X X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Mrs. W. O. Smith, Trenton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): C.V.A. - Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension - Arteriosclerosis — 1 year
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Very moderate, elevated blood Sugar.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-25-1962 to 3-31-1962 and last saw her/him alive on 3-31-62
Death occurred at 11:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank B. Leitz (Degree or title) MD
22b. ADDRESS 1530 Paseo Blvd Kansas City Mo
22c. DATE SIGNED 4-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-3-1962
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wagner Funeral Home, K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 4-2-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr Frank B. Loesby
Prof Bldg Har-1321
12-5 P.M. Mon.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ______________________, Student Embalmer No.________ working under my personal supervision.

Student______________________
Signature of Student Embalmer

Signed *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.